SUBMIT: COMPLETED APPLICATION, TAX Permit #: 8-0478 APPLICATION FOR PERMIT ENTERED STATEMENT AND FEE TO: BAYFIELD COUNTY, WISCONSIN **Bayfield County** Date: Date Stamp (Received) Planning and Zoning Depart. Amount Paid: PO Box 58 Washburn, WI 54891 OCT 3 0 2018 (715) 373-6138 Refund: cross from 14610 Bayfield Co. Zoning Dept. INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department. Option 4 (UVW, HOTIL OUT IN INK (NO PENCIL) DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. □ OTHER TYPE OF PERMIT REQUESTED→ X LAND USE ☐ SANITARY Telephone Gary City/State/Zip: Mailing Address: Owner's Name: Itayward, W P.O.Box Lake Owen (Contractor Phone: Plumber: Contractor: (715 580-0089 Agent Mailing Address (include City/State/Zio): Written Authorization Agent Phone: Attached (715) 817-2034 6173 Iran Lakeld 54847 XYes 🗆 No Recorded Document: (Showing Ownership) Tax ID# PROJECT (Use Tax Statement) LOCATION Block(s) No. Subdivision: Lot(s) No. Vol & Page CSM Doc# Lot(s) CSM Gov't Lot 1/4, 2 Lot Size Acreage Town of: Section 5Distance Structure is from Shoreline: Is Property in Are Wetlands ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Present? Creek or Landward side of Floodplain? Xyes Xyes Distance Structure is from Shoreline : XShoreland -K Is Property/Land within 1000 feet of Lake, Pond or Flowage □ No □ No ☐ Non-Shoreland Type of # of Value at Time What Type of Water bedrooms of Completion Sewer/Sanitary System Foundation # of Stories Project on * include in Is on the property? property donated time & structure material City □ **1** Municipal/City X 1-Story Basement ☐ New Construction (New) Sanitary Specify Type: XWell □ 2 Foundation ☐ 1-Story + Loft ★ Addition/Alteration 🗡 Sanitary (Exists) Specify Type: Con V 3 slab \$ 65,000 2-Story Conversion Privy (Pit) or ☐ Vaulted (min 200 gallon) Relocate (existing bldg) Portable (w/service contract) × None Use ☐ Run a Business on **Compost Toilet** Year Round Property None Height: Existing Structure: (if permit being applied for is relevant to it) Width: Height: **Proposed Construction:** Square **Dimensions Proposed Structure** Footage **Proposed Use**) Principal Structure (first structure on property)) Residence (i.e. cabin, hunting shack, etc.) X with Loft Χ with a Porch X Residential Use X with (2nd) Porch Х with a Deck) X with (2nd) Deck X) with Attached Garage Commercial Use Х **Bunkhouse** w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) () Mobile Home (manufactured date) X) Addition/Alteration (specify) Χ) ■ Municipal Use Accessory Building (specify) x54) (Rec'd for Issuance Accessory Building Addition/Alteration (specify) X) Х איריא 2 6 **2018** Special Use: (explain) Х) (Conditional Use: (explain) Secretarial Staff Х Other: (explain) FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. eys must sign or letter(s) of authorization must accompany this application) (If there are Multiple Owners listed on the Deed All Owners
Authorized Agent: Authorized Agent:

Address to send permit 673 Fron Lake Rdy Fron River, WI 54847

Copy of Tax Statement

erty (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

show Location of:

Proposed Construction

North (N) on Plot Plan

Show:

Show / Indicate: Show Location of (*):

Show: (5) Show any (*): (6)

Show any (*):

(*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%

See attachmen

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	75 + Feet 50 + Feet	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	350+ Feet 35+ Feet 35+ Feet √//- Feet	Setback from Wetland 20% Slope Area on the property Elevation of Floodplain	SO + Fee ✓ Yes □ No Fee
Setback to Septic Tank or Holding Tank Setback to Drain Field	150 Feet	Setback to Well boundary line from which the setback must be measured must be visible from o	150 F Fee

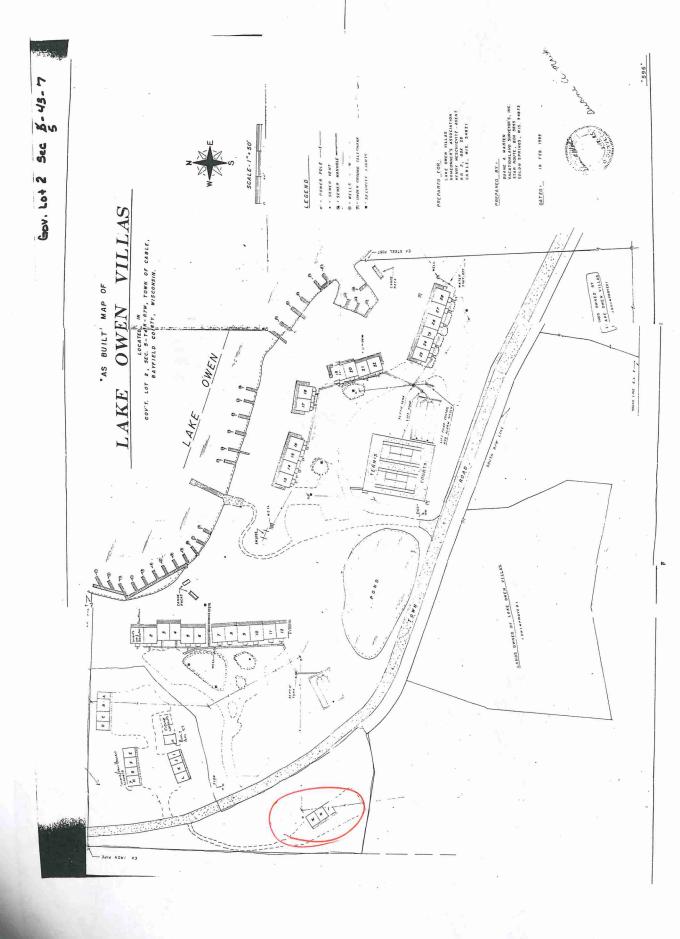
other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

	The local To	wn, Village, City, State or F	ederal agencies may al	so require permits.		*			
Issuance Information (Cour	nty Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:				
Permit Denied (Date):		Reason for Denial:							
Permit #: 18-0478		Permit Date: 11-2	6-18						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	☐ Yes (Deed of Recor ☐ Yes (Fused/Contigu	ious Lot(s))	Mitigation Required Mitigation Attached	L 100 L 110	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☐ No			
Granted by Variance (B.O.A.)	ase #:		Previously Granted b	y Variance (B.O.A.) Case	#:				
Was Parcel Legally C Was Proposed Building Site Delir	The state of the s		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes				
Inspection Record: poc 325	117 V323 P32	5	1		Zoning District Lakes Classification	(RRB)			
Date of Inspection:	19 10 a ul	Inspected by:			Date of Re-Inspe	ection:			
Condition(s): Town, Committee o	r Board Conditions Att	ached? Was No - (If	No they need to be att	ached.)					
Signature of Inspector:	ler	and UDC perm	accessory building shall be reping purposes without its. No pressurized wate approved connection to P tbacks.	necessary county	Date of App	roval: 11/26/18			
Hold For Sanitary:	Hold For TBA:	Hold For Aff	fidavit: 🗌	Hold For Fees: 🗆	_				



village, State or Federal Also Be Required

SPECIAL -

CONDITIONAL -

BAYFIELD COUNTY PERMIT

> WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

BOA -Issued To: Lake Owen Villas Owners Association / Mike Furtak, Agent 18-0478 No. Town of Cable W. Range 43 Township N. 5 Section 1/4 of Location: CSM# Par in Subdivision **Block** Lot 2 Gov't Lot

For: Residential Accessory Structure Addition: [1- Story; Garage Addition (U, V, & W) (24' x 54') = 1,656 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 26, 2018

Date

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58

BAYFIELD COUNTY, WISCONSIN Date Stand (Received) Washburn, WI 54891 (715) 373-6138 OCT 3 0 2018



Across from 14610
INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

APPLICATION FOR PERMIT

DO NOT START	CONSTRUCTION UNTIL	ALL PERMITS HAVE RE	EEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TO APPLICANT. Option 1 (X, Y, Z)

FILL OUT IN INK (NO BENCH)

If you recently purchased the property send your Recorded Deed

TVDE OF DEDUCE												
TYPE OF PERMIT F Owner's Name:	REQUEST	IED-	LAN	D USE SANITAR		CONDITIONA				OTHER		
1110	1101	_	,	1	ing Address:		State/Zip:		Telephon	e: Gart		
Lake Owen		2501	whiere		Box 986	179	yward, W.I	54843		1113		
Address of Property	0	1	01	City/	State/Zip:	Zilmal	,	1		ie: (563)		
<i>K</i>	2501	1	rd	Ca	ible, WI	54821		ć	299-	8174		
Contractor:						lumber:	N		Plumber	Phone:		
Scott	taan			(715) 58	2-0089	/ / /	1 / / / / / / / / / / / / / / / / / / /	(m)				
Authorized Agent: (dress (include City/State		Written A Attached	Authorization I		
Gary Schi	, Ite	/Mi	Ke Tu	rtak (71518	17-2034 6	173 In	Lake Rd, W.I	54841	Yes	□ No		
PROJECT LOCATION Legal Description: (Use Tax Statement) Legal Description: (Use Tax Statement) Recorded Document: (Showing Ownership) 2017R 57(000)												
LOCATION	Legal	Descrip	tion. (ose i	ax Statement)	8406			DOLIK	_ 5	11000		
1/4,	1	14	Gov't Lot	Lot(s) CSM	Vol & Page CSM	Doc# Lot(s	s) No. Block(s) No.	Subdivision:				
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Section 5	, Towi	nchin	43 N.R	ange 7 W	Town of:	i		Lot Size	Acrea			
Section	, TOWI	nsnip _	N, K	ange vv	Cab	le			1	9.3		
- ,	□ le ¤	ropertu	/Land within	n 300 feet of River, Stre	am (incl Intermittent)	Distance Struc	cture is from Shorelin	0.				
	Creel				rescontinue			feet Is Prope		Are Wetlands Present?		
X Shoreland —	≯Is P	ropertv	/Land within	n 1000 feet of Lake, Por	nd or Flowage	Distance Stru	cture is from Shorelin	W 14		×Yes		
	7.51	-			escontinue ->		6 ·	feet		□ No		
☐ Non-Shoreland						L						
		-	==		2.							
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of Completion		D		# -5 64 1		bedrooms		nat Type of		Water		
* include donated time &		Proje	ct	# of Stories	Foundation	in		Sanitary System the property?		on		
material						structure	IS OII	the property:		property		
	, -Nev	v Const	ruction	X 1-Story	☐ Basement	□ 1	☐ Municipal/City	у 🗆 С				
*	≯ Add	lition/A	Iteration	☐ 1-Story + Loft	☐ Foundation	□ 2	(New) Sanitary	Specify Type:	XWell			
\$62000	Con	240										
1200	L Con	version	1	☐ 2-Story	X slah	□ 3	Sanitary (Exists	Specify Type:	Conv			
2000			xisting bldg)	2-Story	× slals	□ 3 □	Sanitary (Exists Privy (Pit) or	Specify Type: _(Vaulted (min				
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32,000	☐ Relo	ocate (e	xisting bldg)				☐ Privy (Pit) or	☐ Vaulted (min vice contract)				
<u> 32,000</u>	☐ Relo	ocate (e.	xisting bldg)		Use		☐ Privy (Pit) or ☐ Portable (w/ser	☐ Vaulted (min vice contract)				
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I (we) acciare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

property at any reasonable time for the purpose of inspection.	
Owner(s):	Date
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	, ,
Authorized Agent: Muse distals	Date 10/19/2018
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	
Address to send permit 6173 Fron Lake Rd. Fron River, WI 54847	Attach Copy of Tax Statement

Fill Out in Ink – NO PENCIL

athe box below: Draw or Sketch your Property (regardless of what you are applying for)

(2) Show / Indicate: North (N) of (*) Drivework (4) Show: All Existing (5) Show: (*) Well (W (6) Show any (*): (*) Lake; (*)	Construction on Plot Plan ay <u>and</u> (*) Frontage Road Structures on your Prope /); (*) Septic Tank (ST); (* f) River; (*) Stream/Creek ds; or (*) Slopes over 20%	erty))))	g Dept. Feet Feet Feet No Feet Feet Sible from ust be			
Please complete (1) – (7) above (prior to continuing	See atta								
(8) Setbacks: (measured to the closes	t point) Measurement	Chang	ges in plans must be appr Description	roved by the l	Measurer				
					71 40 /				
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	76+ Feet 50+ Feet		Lake (ordinary high-wat River, Stream, Creek	er mark)	0001+				
Setback from the Established Right-of-way	JOST FEET	Setback from the			ÑÃ				
Setback from the North Lot Line	400 f Feet								
Setback from the South Lot Line	25 Feet	Setback from Wet	150+ XYes						
Setback from the West Lot Line	704 Feet		20% Slope Area on the property Elevation of Floodplain						
Setback from the East Lot Line Town Rd	N/4 Feet	Elevation of Flood	ipiain		IVA	reet			
Setback to Septic Tank or Holding Tank	160 £ Feet	Setback to Well 150+							
Setback to Drain Field	150 + Feet								
Setback to Privy (Portable, Composting)	'NA Feet								
Prior to the placement or construction of a structure within ten (10) feet o other previously surveyed corner or marked by a licensed surveyor at the		e boundary line from which the	setback must be measured must	be visible from on	e previously surveyed	corner to the			
Prior to the placement or construction of a structure more than ten (10) fe one previously surveyed corner to the other previously surveyed corner, o marked by a licensed surveyor at the owner's expense.									
(9) Stake or Mark Proposed Location NOTICE: All Land Use Perm For The Construction Of New One & The local To	its Expire One (1) Year fron	n the Date of Issuance if Municipalities Are Requ	Construction or Use has uired To Enforce The Unif	not begun.					
Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary D	ate:				
Permit Denied (Date):	Reason for Denial:								
Permit #: 10 0/130	Permit Date: //	1 10							
18-0479	11-9	6-18							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes Cleed of Reco	guous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes → No ☐ Yes → No	Affidavit Red Affidavit Att					
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted b		se #:					
Was Parcel Legally Created Was Proposed Building Site Delineated → Yes □ N → Yes □ N		Were Property Line	es Represented by Owner Was Property Surveyed						
Inspection Record: Doc 325417 V323 P32	6 CL			Zoning Dis	strict (RK ssification (B_{1}			
Date of Inspection: 1/9/6/	Inspected by:	/		Date of R	e-Inspection:	1. 1-1.			
Condition(s): Town, Committee or Board Conditions Att	011	No they need to be atta	ached.)						
Signature of Inspector:	Condition: No accesso habitation / sleeping p and UDC permits. No	ory building shall be used purposes without necess pressurized water shall ed connection to POWTS.	for human sary county l enter the	Date	of Approval:	16/18			
Held Fox Continue Held Fox TDA:	Hald Fan Affi	action [7]	Held Fee Feet			1			



City, Village, State or Federal
May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0479 Is			Issued	Issued To: Lake Owen Villas Owners Association / Mike Furtak, Agent											
Location:		1/4	of	-	1/4	Section	5	Township	43	N.	Range	7	W.	Town of	Cable	
Par in Gov't Lot	2			Lot		Blo	ock	Su	bdivisio	on				CSM#		

For: Residential Accessory Structure: [1- Story; Garage (X, Y, & Z) (24' x 54') = 1,296 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 26, 2018

Date